2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 700969

1. Entity Name
WORLD EVANGELISM,INC.

Principal Place of Business
6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL
P.O. BOX 1306
LAKE WALES, FL 33859

Mailing Address
6974 ALT-BAB-PARK CUT OFF RD, BARTOW, FL
P.O. BOX 1306
LAKE WALES, FL 33859

02022005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-6155022

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINE, DEBORAH
ALTURAS-BABSON PARK CUT OFF ROAD
BARTOW, FL 33830

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WINE, DAVID E.
STREET ADDRESS	ALTU-BAB.CUT-OFF RD
CITY-ST-ZIP	BARTOW, FL
TITLE	VD
NAME	WINE, EMORY L.
STREET ADDRESS	337 W CENTRAL AVE
CITY-ST-ZIP	LAKE WALES, FL
TITLE	D
NAME	WINE, BETTY R
STREET ADDRESS	2931 JASMINE AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	PRUITT, KATHRYN
STREET ADDRESS	320 WEAVER AVENUE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	WINE, DEBORAH
STREET ADDRESS	ALTU-BAB. CUT-OFF RD
CITY-ST-ZIP	BARTOW, FL
TITLE	D
NAME	LEE, ROBERT E
STREET ADDRESS	01 WEIBERG ROAD
CITY-ST-ZIP	DUNDEE, FL 33838

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02/28/05--01053--006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emory L. Wine ...Emory L. Wine...2-25-05...(863)676-7531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #